

Illinois Health Connect Panel Roster
December 2010

Enclosed is your panel roster for the Illinois Health Connect Program.

IMPORTANT PROVIDER NOTICE

To all Illinois Health Connect PCPs

To ensure the privacy, security, and confidentiality of Patient and Provider information for the Illinois Health Connect Program (IHC), the Department of Healthcare and Family Services (HFS), will be requiring Providers to enroll with the State's MEDI System if they wish to have online access to their IHC Panel Rosters, Patients Paid Claims History, and the ability to register and view referrals via the online IHC Referral System. The MEDI system utilizes Federally approved access protocols that allow only approved providers and their authorized staff to access sensitive patient and provider information.

This requirement is anticipated to go into effect in approximately three weeks. Once implemented, providers will no longer be able to access their patient information directly through the IHC website. We will post notices on this cover sheet and the IHC Web Site to inform you of the implementation date.

Don't wait. Enroll now! We encourage you to enroll with the MEDI System before the transition occurs. To enroll, please go to <http://www.myhfs.illinois.gov/training/guides> and click on "Introduction to MEDI". Once enrolled, the MEDI system will allow providers and their authorized staff to link to their IHC Panel Rosters, Patients Paid Claims History and the IHC Referral System. In addition, MEDI will provide up-to-date eligibility information, including IHC PCP information, for all HFS clients.

If you have any questions, please call the IHC Provider Services Help Desk at 1-877-912-1999 and follow the prompts for Providers. Remember, you must enroll with the MEDI system to be able to access your IHC Panel Roster, Patients Paid Claims History and to register and view referrals via the IHC Referral System.

Thank you.

ILLINOIS FAMILY HEALTH CENTER
123 MAIN STREET SUITE 100
CHICAGO, IL 60634

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Provider Enrollee Panel Roster
December 2010

Provider HFS Number: 880088008800
Illinois Health Connect Number: 82000088
ILLINOIS FAMILY HEALTH CENTER (Fax (847) 888-9898)

Enrollee Information	Address/Phone	Begin Link Date End Link Date	Disease Management Eligibility	Preventive Services	Status	Services Reported to IHC
BUSYFAMILY, LAD	5694 RAILROAD AVE.	4/29/1999	Disease Management Eligible Persistent Asthma	Well Child Visit: Screenings - Developmental: Vision: Lead:		00/00/0000 Kept
449000213 4/29/1998 - 12y (Male) 2890909000028900	CHI CAGO, IL 60644 Phone: (847)850-4213					
BUSYFAMILY, YOUNGSTER	5694 RAILROAD AVE.	9/10/2003		Well Child Visit: Screenings - Developmental: Vision: Lead:		00/00/0000 Scheduled
449000220 9/30/2002 - 8y (Male) 2890909000028900	CHI CAGO, IL 60644 Phone: (847)850-4213					
EXAMPLE, MALE	947 RIVER BLVD.	3/29/1981				
909090909 3/20/1948 - 62y (Male) 2900250027002809	GALVA, IL 61434 Phone: (309)998-0909					
HAPPYFAMILY, FEMALE	100 WINDWEST ROAD APT #10	10/20/1999	Disease Management Eligible Persistent Asthma			
101010101 1/1/1971 - 39y (Female) 2500260027002800	CHI CAGO, IL 60611 Phone: (847)123-4567				PAP Test: Due	
HAPPYFAMILY, MALE	100 WINDWEST ROAD APT #10	1/12/1995	Disease Management Eligible Frequent ED User			
202020202	CHI CAGO, IL 60611					

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Enrollee Information	Address/Phone	Begin Link Date End Link Date	Disease Management Eligibility	Preventive Services	Status	Services Reported to IHC
2/2/1972 - 38y (Male) 2500260027002800	Phone: (847)123-4567					
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ILLUSTRATION, TEENAGE	6490 NEWPORT DRIVE	4/13/2004		Well Child Visit: Screenings - Developmental: Visit: Lead:	Due	
550034501 6/8/1991 - 19y (Female) 2923090800023100	BRADFORD, IL 61421 Phone: (309)390-9008					
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NEWFAMILY, BABY	350 SE 15TH AVE.	6/10/2005		Well Child Visit: Screenings - Developmental: Visit: Lead:	Due	00/00/0000 Claim
390902802 5/15/2005 - 5y (Female) 2890909023495670	BRADFORD, IL 61421 Phone: (309)594-0991					
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NEWFAMILY, FATHER	350 SE 15TH AVE.	3/10/2000				
390800223 8/17/1981 - 29y (Male) 2890909023495670	BRADFORD, IL 61421 Phone: (309)594-0991					
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NEWFAMILY, MOTHER	350 SE 15TH AVE.	8/12/2000				
390800220 4/7/1982 - 28y (Female) 2890909023495670	BRADFORD, IL 61421 Phone: (309)594-0991			PAP Test:		00/00/0000 Claim

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SAMPLE, WOMAN	945 CENTER AVE APT #1	9/25/1992				
789012234 5/4/1960 - 50y (Female) 1209030299813038	CHI CAGO, IL 60611 Phone: (847)908-4590	00/00/0000		PAP Test: Mammogram:		00/00/0000 Claim 00/00/0000 Claim

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Questions? Call the Illinois Health Connect Provider Helpdesk at 1-877-912-1999. Hours: Monday – Friday 7 a.m. to 6 p.m.

Your panel roster provides the following information about your patients:

ENROLLEE INFORMATION: Illinois Health Connect enrollee's name (last, first, middle initial) /HFS Recipient No. (RIN)/ Enrollee's birth date - age / IHC Case Number.
ADDRESS/PHONE: Enrollee's address and member telephone (if available).
BEGIN LINK DATE/END LINK DATE: PCP Linkage Information
DI SEASE MANAGEMENT ELIGIBILITY: Identifies if the enrollee is eligible for Disease Management Services through Your Healthcare Plus (YHP), a voluntary program. For questions, please call 800-973-6792.
Persistent Asthma: Enrollee meets the definition of persistent asthma.
Frequent ED User: Enrollee has received services through the ED 6 or more times in the past year without a subsequent inpatient admission.

PREVENTIVE SERVICES BY AGE: May show the following services: Well Child Visit, Developmental Screening, Vision Screening, Lead Screening, PAP test and Mammogram.

STATUS: "Due" – if eligible and due for the preventive service listed. Blank - if not eligible or is not due for the preventive service listed. The status is determined by HFS claims data. Please verify enrollee's medical records.
HFS preventive services recommendations:

Well Child Visit: ages 2 weeks, 1 mon, 2 mon, 4 mon, 6 mon, 9 mon, 12 mon, 15 mon, 18 mon, 24 mon, 3 yr, 4 yr, 5 yr, 6 yr, 8 yr, 10 yr, 12 yr, 14 yr, 16 yr, 18 yr, 20 yr (panel roster shows "due" for all children continuously ages 0 to 18 months).
Developmental screening: between ages 0 to 12 months, between ages 12 to 24 months and between ages 24 to 36 months.
Mammogram: minimum every other year between ages 40 to 69 yrs.
Pap test: yearly between ages 21 to 64 yrs.
Lead screening: one test before age 12 months and a second test before age 24 months, if no screening done before age 24 months then screen at any time before age 6 years.
Vision screening: yearly ages 3yr through 6 yr, and then ages 8 yr, 10 yr, 12 yr, 15 yr, and 18 yr.

SERVICES REPORTED TO IHC: For each preventive service the following notations can be included:
Claim: Date of last claim paid for this service.
Scheduled: Enrollee reports a scheduled appointment or was assisted by IHC in scheduling an appointment.
Kept: Enrollee (or provider) reports that scheduled appointment was kept.

More clinical information about each enrollee can be obtained through the Claims History, which can be accessed through the HFS MEDI Provider Portal. The Claims History contains at least 4 years of immunization data, and 2 years of claims data including pharmacy claims. If you do not have access to MEDI, please contact your Illinois Health Connect Provider Service Representative or the Illinois Health Connect Provider Helpdesk at 1-877-912-1999. Additional information can be found on the Illinois Health Connect website at www.illinoishealthconnect.com under Quality Tools.

Age breakdown of enrollees:

Under 1: 0	19-20: 1
1-2: 0	21-39: 4
3-5: 1	40-49: 0
6-9: 1	50-64: 2
10-14: 1	65+ : 0
15-18: 0	Total Active: 9

	Eligible Enrollees	Due Enrollees	Percent Due
Well Child Visit:	0	0	0.00 %
Developmental Screening:	0	0	0.00 %
Vision Screening:	0	0	0.00 %
Lead Screening:	0	0	0.00 %
Mammogram:	0	0	0.00 %
Pap Test:	0	0	0.00 %